Department of Human Services
2009-11 Policy Option Package

Division Name: Addictions and Mental Health Division

Program Name: Community Addiction Services

Policy Option Package Initiative: Oregonians have access in their communities to the mental health and addictions treatment they need.

Policy Option Package Title: Community Addiction Services Investment Strategy

Policy Option Package Number: 242, 252, 262, 272, 282, 292

Summary Statement:

Addiction is treatable and recovery is a reality for thousands more Oregonians with strategic investments in community addiction services. Insufficient capacity for treatment services contributes to strained public health and public safety systems, increased foster care placements, limited availability of workers, elevated school drop out rates and more incidence of teen pregnancy. To address the needs for addiction services, the Addictions and Mental Health Division (AMH) facilitated nine regional focus groups in late 2007 gathering input from diverse stakeholders resulting in the "Addictions Services Investment Strategy" report documenting recommended investments in addiction services.

1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?** This POP would expand the availability of community-based addiction treatment services. This package will increase capacity for nearly 18,000 more individuals who need some level of intervention to address substance abuse or dependence. This package would be implemented through amendments to the financial assistance agreements with new service targets, performance measures and enhanced accountability and contract monitoring through Oregon's Community Mental Health Programs. Allocations for funding will be based on population, prevalence and estimated need for addiction services, regional plans derived from work with stakeholders (detoxification services) and regional economic indicators for those counties impacted by the loss of federal timber revenues.

2. **WHY DOES DHS PROPOSE THIS POP?**
   The addiction service needs of Oregonians are not being met. The lack of timely access to treatment results in avoidable costs to health care, child welfare, corrections, juvenile justice, education and other essential services in Oregon communities. These costs were estimated at 5.9 billion annually by an independent economic analysis research group in 2007.

   Too often, people experience withdrawal in jails, never receiving the treatment and recovery services that will help them remain substance free. Addicted individuals, particularly those who have co-occurring mental health diagnoses, die an average of 25 years before their peers from overdose (poisoning), homicide, suicide and health complications stemming from habitual use of substances including alcohol. Increasing access to community-based addiction treatment will help more Oregonians with addiction disorders begin to heal and rebuild their lives.

   In 2007 alone 258,045 Oregonians, or one in every eight, needed some level of intervention due to substance abuse or dependence. Only 64,532 (25 percent) received publicly supported treatment. An additional 193,513 were untreated or received private treatment and were not reflected in the state treatment data system.

The disparity in access to treatment services varies by age category. Only 17.33 percent of individuals needing services who were age 12 – 17 received treatment. 17.92 percent of persons age 18 – 25 received treatment and 30.29 of individuals age 26 and above accessed treatment. The age of onset for addictive diseases typically occurs between 12 and 18. With this in mind, services for adolescents and youth adults should be accessible, developmentally appropriate and structured to support the needs of individuals as they transition into adulthood. The 18 – 25 age group represents the highest rate of substance abuse prevalence in Oregon. The documented rate in this age group is nearly double that of other populations, yet this group faces more barriers to accessing treatment. Young adults have limited transportation, frequently have jobs without health benefits and have younger children who require care. The young adult group (ages 18 – 25) represents Oregon's college population, early career workers and job seekers. From an economic perspective, addressing unmet treatment need in this group offers a great return on investment to Oregonians.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This policy option package will provide adolescents and adults with more timely access to an array of addiction treatment services, increasing their success in addictions and mental health recovery. This package will help Oregon decrease crime, improve education and employment, reduce the spread of infectious diseases, reduce occurrence of drug affected babies, and re-unite families involved in child welfare system.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

This initiative will be measured by tracking county level access to treatment comparing the number of people meeting diagnostic criteria for alcohol or drug abuse minus number served. This measure will be monitored quarterly as part of AMH Treatment Improvement Reports.

To further insure that the services being provided and are of high quality, many of AMH's standard measures for addiction services will be tracked specifically for those populations. Examples of these measures include:

- Percent of clients retained in services
- Percent of clients who complete services
- Percent of clients who reduce use
- Percent of clients with no arrest during treatment
- Percent of clients who are employed at the end of service
- Percent of clients whose housing situation improves by the end of service.

5. **DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.** No.

6. **WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?** Not funding these services was rejected because failure to invest adequately in the community-based addictions service system will result in more people requiring higher cost, higher intensity services such as foster care for children who are unable to remain safely in their parent's custody, hospital emergency services, jails and prisons. This POP contains a number of recommended investments in the continuum of addictions treatment services. The specific levels of funding for each particular component reflect the balancing of many needs and the plan for incremental expansion of a collective, integrated array of services over the next three biennia.

7. **WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**
   Oregon will continue to have inadequate treatment access, especially for underserved populations. Social and economic costs related to substance abuse and addiction will continue to increase without additional investments in addiction services. Insufficient treatment and recovery services increases the likelihood underserved populations experience poor school performance, joblessness, homelessness, unintended injury,

increased rates of disease and mortality, crime and violence, involvement with the criminal justice and child welfare systems.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

- Community Mental Health Programs (CMHP) and tribes who administer alcohol and drug treatment funds to local providers. CMHPs are responsible for overseeing the addiction services system in the county. This POP would help CMHPs by increasing the capacity of services provided to county residents, addressing unmet need.
- Local Public Safety Coordinating Councils advise communities on public safety initiatives including impact of alcohol and drug problems and solutions. This POP would help relieve some of the strain on public safety services by offering the local jurisdictions treatment alternatives to incarceration and enhancing community supervision and re-entry / transition services for addicted offenders.
- Local Public Health Departments who are responsible for infectious disease prevention and control. This POP will help prevent infectious diseases transmitted from needle sharing and unsafe sexual behaviors among the addicted population.
- DHS child welfare will benefit from increased treatment capacity for parents who are involved in the child welfare system and who must access treatment as part of the reunification plan to retain custody of their children when safety can be assured.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

This POP implements the first phase of treatment components included in the Addictions Services Investment Strategy Report to strengthen community-based services for individuals and families who are at-risk or experiencing problems related to substance abuse and addiction. The POP includes proven, cost-effective strategies that strengthen family bonds, reduce the incidence of child abuse and domestic violence,

improve education and work productivity, reduce crime and incarceration, reduce traffic accidents and fatalities, and that promote the health and overall well-being for Oregonians. Components of the strategy include:

• Proven, cost-effective and family-based treatment for 3,500 youth with addictive disorders and youth with co-occurring addictive and mental health disorders. This includes implementing a family-focused evidence-based practice (ORS 182.525) and additional community-based outpatient services for youth with substance use disorders.

• Integrated, evidence-based treatment (ORS 182.525) for 400 adults with co-occurring substance use and mental health disorders. This includes integrated services for individuals with co-occurring disorders and performance monitoring to ensure adherence to the program model.

• Screening, brief intervention and treatment services for 2,000 returning veterans and uninsured workers. This strategy is aligned with the Oregon Business Plan initiative to increase access to treatment and intervention services for Oregon workers who have alcohol and drug problems, but no insurance. This strategy is also aligned with input from the Oregon Military Department regarding the need for enhanced capacity for behavioral health services for returning veterans.

• Outpatient addiction treatment for 5,500 individuals from under-served populations including ethnic minorities, rural and frontier populations, youth and women. This strategy adds capacity for underserved populations, particularly in economically stressed regions of Oregon where counties are most impacted by loss of federal timber revenue.

• Specialized, research-based outpatient treatment for 3,333 medium and high-risk addicted offenders on probation, post-prison supervision and individuals participating in drug treatment courts. This strategy is consistent with the need for enhanced capacity to treat offenders with medium and high risk to re-offend who are addicted to substances, a key risk factor that predicts future criminal behavior among offender

populations. This strategy targets evidence-based interventions to felony probationers and drug treatment court participants. This initiative represents phase I of the strategy to enhance treatment capacity for offender populations.

• Increase capacity for medically-monitored detoxification services for people requiring 24-hour care and medical monitoring. This initiative includes phasing in medically-monitored detoxification services over three biennia beginning 2009 – 2011. This component adds 120 new placements for detoxification and will serve an estimated 3,358 people during the biennium.

• This package also includes the necessary system supports to successfully implement these services with quality and accountability. Training, technical assistance and clinical oversight will be provided through AMH and the CMHPs to ensure the services are implemented according to the effective principles documented in research. Performance management and accountability for implementing and continuously improving these service components will be provided as well with support for local contract administration provided to the CMHPs.

Implementation Date(s): July 1, 2009

End Date (if applicable): Ongoing

a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.

- ☐ Administrative Services
- ☐ Children, Adults and Families
- ☐ Division of Medical Assistance Programs
- ☒ Addictions and Mental Health
- ☐ Public Health
- ☐ Seniors and People With Disabilities

b. **Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected.**

- ☐ Human Resources
- ☐ Information Security/Privacy
- ☐ Document Management
- ☐ Audit and Consulting
- ☐ Information Services (computers)
- ☐ Financial Services (accounting)
- ☐ Payment Accuracy and Recovery
- ☐ Investigations and Training
- ☐ Facilities
- ☐ Contracts and Procurement
- ☐ Budget, Planning and Analysis
- ☐ DHS Office of Communications

c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

Outpatient:
3,500 additional youth with substance use disorders and youth with co-occurring substance use and mental health disorders.
400 adults with co-occurring substance use and mental health disorders.
2,000 returning veterans and uninsured workers with substance use and/or co-occurring mental health disorders.
5,500 individuals from underserved populations including ethnic minorities, rural and frontier populations.
3,333 medium and high-risk offenders on probation, post-prison supervision and individuals participating in drug treatment courts.

Detoxification:
3,358 people needing detoxification services.

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.
Program Analyst 3, Co-occurring Disorders Specialist, permanent, full-time position.
Program Analyst 3, Forensic Addiction Services Specialist, permanent full-time position.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training? None

f. What are the ongoing costs? None

g. What are the potential savings?
Alcohol and drug treatment cost savings can be realized by decreases in HIV/AIDS cases; premature and low birth-weight babies; intentional and unintentional injuries; premature death and other co-morbid conditions; violence, crime, arrest and incarceration; and increased educational and employment attainment.

h. Based on these answers, is there a fiscal impact?
Yes.

i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as "Medicaid, General and Federal Funds."
General Funds